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University of Cape Town, Cape Town, South Africa. [Imyer@cornell.uct.ac.za](mailto:Imyer@cornell.uct.ac.za)[New/Noteworthy](#)[E-Utilities](#)[PubMed Services](#)[Journals Database](#)[MeSH Database](#)[Single Citation Matcher](#)[Batch Citation Matcher](#)[Clinical Queries](#)[Special Queries](#)[LinkOut](#)[My NCBI](#)

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Intravaginal practices such as "dry sex" and douching have been suggested as a risk factor that may increase women's susceptibility to HIV infection. These behaviours appear common in different populations across sub-Saharan Africa, where practices include the use of antiseptic preparations, traditional medicines, or the insertion of fingers or cloths into the vagina. We systematically review the evidence for the association between women's intravaginal practices and HIV infection. Although a number of cross-sectional studies have shown that prevalent HIV infection is more common among women reporting intravaginal practices, the temporal nature of this association is unclear. Current evidence suggests that bacterial vaginosis, which is a likely risk factor for HIV infection, may be a mediator of the association between intravaginal practices and HIV. Although biologically plausible mechanisms exist, there is currently little epidemiological evidence suggesting that intravaginal practices increase women's susceptibility to HIV infection. Further research into factors that increase women's susceptibility to HIV will help to inform the design of vaginal microbicides and other HIV prevention interventions.

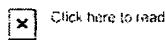
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### Bacterial vaginosis and susceptibility to HIV infection in South African women: a nested case-control study.

**Myer L, Denny L, Telerant R, Souza M, Wright TC Jr, Kuhn L.**

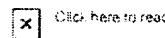
Infectious Diseases Epidemiology Unit, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa.

**BACKGROUND:** Bacterial vaginosis (BV) may increase women's susceptibility to HIV infection, but there are few prospective data. **METHODS:** During follow-up for up to 36 months, 86 new HIV seroconverters (case patients) were identified among 5110 women enrolled in a cervical cancer screening trial. Nonseroconverting control subjects ( $n=324$ ) were frequency matched to case patients by age and duration of follow-up. At enrollment, case patients and control subjects were evaluated for clinical signs of BV, and Gram stains of vaginal fluid were scored using Nugent criteria. **RESULTS:** BV was diagnosed on the basis of clinical criteria at enrollment in 20% of seroconverters and 16% of control subjects (summary odds ratio [OR], 1.31 [95% confidence interval {CI}, 0.71-2.41]). Nugent criteria for BV were met by 74% of seroconverters and 62% of control subjects. Diagnosis of BV on the basis of Nugent criteria was significantly associated with an increased risk of HIV seroconversion, after adjustment for demographic characteristics, other sexually transmitted infections, and sexual behaviors (adjusted OR, 2.01 [95% CI, 1.12-3.62]). **CONCLUSIONS:** BV may account for a substantial fraction of new HIV infections in this setting. Treatment of BV and other interventions to promote normal vaginal flora warrant attention for HIV prevention.

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### Abnormal vaginal flora as a biological risk factor for acquisition of HIV infection and sexually transmitted diseases.

**Schwebke JR.**

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**Bacterial vaginosis and miscarriage.**

Hay PE.

Department of Genitourinary Medicine, St George's Hospital Medical School, London, UK.  
 phay@sghms.ac.uk

**PURPOSE OF REVIEW:** This review aims to summarize current knowledge about the relationship between bacterial vaginosis and miscarriage. **RECENT FINDINGS:** Studies investigating the relationship between bacterial vaginosis and infertility, implantation and early pregnancy loss have produced conflicting results. One study demonstrated a beneficial effect of colonization with hydrogen peroxide producing lactobacilli. A community based study found no association between bacterial vaginosis and first trimester loss, but a positive association with early second trimester loss. In a randomized controlled trial, treatment of bacterial vaginosis with oral clindamycin was associated with a fivefold reduction in the incidence of late miscarriage. **SUMMARY:** The relationship between bacterial vaginosis and infertility and first trimester loss needs further elucidation. Measures to support a healthy lactobacillus flora such as probiotic therapy warrant study. The randomized controlled trials of clindamycin treatment need to be replicated in different settings.

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## Lower genital tract infection and endometritis: insight into subclinical pelvic inflammatory disease.

**Wiesenfeld HC, Hillier SL, Krohn MA, Amortegui AJ, Heine RP, Landers DV, Sweet RL.**

Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Pittsburgh School of Medicine, Magee-Womens Research Institute, Pennsylvania 15213, USA.  
hwiesenfeld@mail.magee.edu

**OBJECTIVE:** To investigate the association between lower genital tract infections and subclinical PID. Fallopian tube damage is a common complication of acute symptomatic pelvic inflammatory disease (PID), yet most women with tubal factor infertility do not have a history of acute PID. Subclinical PID is believed to be an important cause of tubal factor infertility.

**METHODS:** We conducted a cross-sectional study among women attending a sexually transmitted diseases or ambulatory gynecology clinic. A convenience sample of 556 women with bacterial vaginosis, gonorrhea, or chlamydia, or women at risk for gonorrhea or chlamydia were enrolled. Women diagnosed with acute PID were not eligible to participate. The main outcome was subclinical PID, as defined by the presence of histologic endometritis. **RESULTS:** Subclinical PID was more common in women with lower genital tract infection than in uninfected women. Subclinical PID was present in 27% of women with Chlamydia trachomatis (odds ratio 3.4; 95% confidence interval [CI] 1.8, 6.3) and in 26% of women infected with Neisseria gonorrhoeae (odds ratio 2.4; 95% CI 1.1, 5.1). Among women with bacterial vaginosis, 15% had endometritis (odds ratio 2.7; 95% CI 1.02, 7.2). **CONCLUSION:** Subclinical PID is common among women with lower genital tract infections. Additional prospective studies are necessary to determine the reproductive impact of these asymptomatic upper genital tract infections.

PMID: 12220764 [PubMed - indexed for MEDLINE]

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3: BJOG, 2002 Jun;109(6):714-7.

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## Rates of bacterial vaginosis in women undergoing in vitro fertilisation for different types of infertility.

**Wilson JD, Ralph SG, Rutherford AJ.**

The General Infirmary at Leeds, UK.

**OBJECTIVE:** To assess whether the rate of bacterial vaginosis (BV) is higher in women with tubal factor infertility compared with those with other causes of infertility. **DESIGN:** Cross-sectional study. **SETTING:** Assisted conception unit of a teaching hospital in Leeds.

**POPULATION:** Consecutive women undergoing in vitro fertilisation. **METHODS:** Women undergoing in vitro fertilisation (IVF) had a vaginal smear taken at the time of their egg collection. The smear was Gram-stained and graded as normal, intermediate or BV.

**MAIN OUTCOME MEASURES:** The presence of bacterial vaginosis and the causes of infertility.

**RESULTS:** A total of 749 women were included. The vaginal smears were normal in 63.6%, intermediate in 12.1%, and BV in 24.3%. The rates of BV in women with different types of infertility were 36.4% in tubal factor, 15.6% in male factor, 33.3% in anovulation, 12.5% in endometriosis and 18.9% in unexplained infertility. After controlling for the effects of age and smoking using a multivariate logistic regression model, women with tubal infertility were significantly more likely to have BV than women with endometriosis OR 3.63 (95% CI 1.52-8.67); male factor OR 2.98 (95% CI 1.80-4.90); and unexplained infertility OR 2.20 (95% CI 1.35-3.59). The adjusted figures for the increase of BV in women with anovulation were: endometriosis OR 3.77 (95% CI 1.28-11.08); male factor OR 3.09 (95% CI 1.37-6.96); and unexplained infertility OR 2.29 (95% CI 1.02-5.12). **CONCLUSIONS:** Women with tubal infertility were three times more likely to have BV than women with endometriosis, male factor or unexplained infertility. These findings support the association between BV, pelvic inflammatory disease (PID) and tubal damage but do not help distinguish between cause and effect. Women with anovulation were also three times more likely to have BV than women with endometriosis or male factor infertility, supporting suggestions of hormonal influence on vaginal flora.

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